



REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)
Summary Sheet

FILE NUMBER
TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name LINDA GAYE CORDELL FOR FISHERS CLERK-TREASURER		
2. Acronym or Abbreviated Name (if any)		3. Committee Telephone Number (317) 849-0469
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address 7075 KOLDYKE DRIVE		
5. City, State, ZIP Code FISHERS, IN 46038		6. Party Affiliation (if applicable) REPUBLICAN
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (include any nickname) LINDA GAYE CORDELL		8. Party Affiliation or If Independent Candidate REPUBLICAN
9. Office Sought (Include district number, if any. Not required for exploratory committee.) FISHERS CLERK-TREASURER		10. County of Residence HAMILTON
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input type="checkbox"/> Pre-Election <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Nomination <input type="checkbox"/> Other <input type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be "0") <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period: From: 1-1-13 Through: 12-31-13		COLUMN A This Period
13. Cash on hand and investments at the beginning of this reporting period.		3415.01
14. Cash on hand and investments January 1, current year.		3415.01
CONTRIBUTIONS AND RECEIPTS		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		
15a. Itemized (use Schedule A)		
15b. Unitemized		
15c. Add lines 15a and 15b in both columns SUBTOTAL		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL		0 0
EXPENDITURES		
(Note: These amounts include in-kind expenditures and loan repayments.)		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		3415.01 3415.01
17b. Unitemized		
17c. Add lines 17a and 17b in both columns SUBTOTAL		3415.01 3415.01
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL		0 0
19. Debts OWED BY the committee (use Schedule D)		0
20. Debts OWED TO the committee (use Schedule E)		0
CERTIFICATION		
I, _____, TREASURER, DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE, CORRECT AND COMPLETE.		
Date 12/27/13		Date 12/27/13
Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)		

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2013



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OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC-3-9-5-14)

(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totalled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (*over \$200, if regular party committee*). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (*such as transfers-out from candidate, legislative caucus, political action, or regular party committees*) **MUST** be itemized on this schedule.

FILE NUMBER

Page 1 of 1

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
	OFFICE SOUGHT (if applicable)				
Code <u>C</u> St. Vincent Foundation 3402 HARCOURT # 210 INDPLS, IN 46260		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>CHARITY</u>	1000.00	1000.00	9/21/13
Code <u>C</u> RHI FOUNDATION 902 E. 66TH # C INDPLS, IN 46220		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>CHARITY</u>	125.00	125.00	7/10/13
Code <u>C</u> WALTER F. KELLY FOR FISHERS MAYOR 12510 KELLY PLACE FISHERS, IN 46038		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose: <u>PAC</u>	1000.00	1000.00	7/11/13
Code <u>C</u> WALTER F. KELLY FOR FISHERS MAYOR 12510 KELLY PLACE FISHERS, IN 46038		<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:	1290.01	2290.01	11/8/13
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B			\$3415.01		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$3415.01		

HAMILTON COUNTY BOARD OF
CLERK
PEGGY BEAVER
2013 DEC 31 PM 12:43
FILED